

GRAMA REQUEST FOR RECORDS

UTAH DIVISION OF FORESTRY, FIRE AND STATE LANDS

Requester Name:			
Address:			
City, ST Zip:			
Daytime Phone:		Date:	

To (Records Officer or Coordinator)[†]? _____

Description of Records Sought (must be reasonably specific):

- ☐ I would like to inspect the records.
- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$ _____.
- ☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-204(3).)

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record. (Private records only).
- ☐ I am the person who provided the information. (Protected records only).
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attach documentation required by (UCA 63-2-202).
- ☐ Other. Explain

Signature: _____ Date: _____

[†]The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, or telephone the records officer at 801-538-5555.

For Agency Use Only

Date request received: _____ Time limit for response: _____

Does GRAMA apply? It does not if:

- ☐ Access if governed by a law other than GRAMA.
- ☐ Requested document is not a "record" as defined by GRAMA.

Classification: (If GRAMA applies)

- ☐ Private ☐ Controlled
- ☐ Protected ☐ Public

Is access authorized? (Complete this section if records are private, controlled, or protected.)

- Private: ☐ Requester is the subject of the record.
☐ Requester is other person authorized by UCA 63-2-202(1) and has supplied required documentation.

- Controlled: ☐ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment regarding nondisclosure. UCA 63-2-202(2).
☐ Requester is not entitled to access.

- Protected: ☐ Requester is person who submitted record.
☐ Requester is other person authorized by UCA 63-2-202(4), and has supplied required documentation.
☐ Requester is not entitled to access.

How was identification verified? _____

Response to request: (See UCA 63-2-204)

- ☐ Approved. Requester was notified on _____, _____.
- ☐ Denied. Written denial sent on _____, _____.
- ☐ Requester was notified agency does not maintain record, and, if known, was also notified on _____, _____, of name and address of agency that does maintain record.
- ☐ Extension of time claimed for extraordinary circumstances. Required notice sent on _____, _____. See UCA 63-2-204(3)(iv).

Copy fees:

- ☐ \$ _____

Hours spent responding to request:

Supervisory or professional: _____ Staff _____

Signed: _____ Date: _____